

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90354 030 ***150.00

DOCUMENT # P00000098176

1. Entity Name

OSVALDO A. TORRES, M.D., P.A.

Principal Place of Business

**4603 N. UNIVERSITY DR.
 LAUDERHILL FL 33351**

Mailing Address

**4603 N. UNIVERSITY DR.
 LAUDERHILL FL 33351**

2. Principal Place of Business

3. Mailing Address

c/o Mark F. Ingber, C.P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3071 Northwest 10th Avenue

City & State

City & State

Coral Springs, FL

Zip

Country

Zip

Country

33065-3676

US

4. FEI Number

65-1046938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TORRES, OSVALDON A
 12330 N.W. 8TH PLACE
 CORAL SPRINGS FL 33071**

Name

Osvaldo A. Torres

Street Address (P.O. Box Number is Not Acceptable)

12330 Northwest 8th Terrace

City

Coral Springs

FL

Zip Code

33071

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Osvaldo A. Torres

Osvaldo A. Torres President

2/20/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **TORRES, OSVALDO A**
 STREET ADDRESS **12330 N.W. 8TH PLACE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☒ Change ☐ Addition
 NAME **12330 Northwest 8th Terrace**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VS** ☐ Delete
 NAME **MAGEE-TORRES, GINA A**
 STREET ADDRESS **12330 N.W. 8TH PLACE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☒ Change ☐ Addition
 NAME **V/S Torres, Gina A.**
 STREET ADDRESS **12330 Northwest 8th Terrace**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Osvaldo A. Torres

Osvaldo A. Torres

Date

Daytime Phone #

2/20/01

954-232-5454

CR2E034 (10/00)